

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155779		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/05/2011	
NAME OF PROVIDER OR SUPPLIER PRAIRIE LAKES HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 9730 PRAIRIE LAKES BOULEVARD EA NOBLESVILLE, IN46060			
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R0000	<p>This visit was for a Post Survey Revisit (PSR) to the investigation of Complaint IN00091241 completed on 6/8/11.</p> <p>This visit was in conjunction with a Recertification and State Licensure survey.</p> <p>Complaint IN00091241: Not corrected.</p> <p>Survey dates: August 1, 2, 3, 4, and 5, 2011</p> <p>Facility number: 012305 Provider number: 155779 AIM number: 200987990</p> <p>Survey team: Janet Stanton, R.N.--Team Coordinator Michelle Hosteter, R.N.</p>			R0000	<p>Prairie Lakes Health Campus submits this plan of correction in response to the state requirement deficiencies cited during the revisit to the June 8, 2011 Complaint (IN00091241) Survey in conjunction with a Recertification and State Licensure Survey conducted on August 5, 2011 Please accept this plan of correction as the providers letter of credible allegation of compliance effective September 4, 2011</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Heather Lay, R.N. Census bed type: SNF--52 SNF/NF--8 Residential--51 Total--111 Census payor type: Medicare--18 Other--93 Total--111 Residential sample: 7 These state findings are cited in accordance with 410 IAC 16.2-5. Quality review 8/12/11 by Suzanne Williams, RN						

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R0217	<p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope;</p> <p>(B) frequency;</p> <p>(C) need; and</p> <p>(D) preference;</p> <p>of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p>			R0217	<p>R 217 It is the practice of this provider to complete an evaluation on each resident addressing the services to be provided. In addition, the service plan is to be signed by the resident or a designated representative. However, in response to the findings of the 2567, the following measures and corrective actions have</p>		09/04/2011

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					<p>been taken: Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #91 service plan was updated to include monitoring of bleeding related to Coumadin use. Resident #65, 105 and 109 service plans were updated, reviewed with resident and / or responsible party and signature was obtained on the service plan. Resident #152 discharged. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: Service plans for current residents will be reviewed to ensure the service plan is complete, the services provided are addressed and that the service plan has been reviewed with the resident and / or responsible party and a signature is obtained on the service plan.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: Licensed staff and Legacy Lane Director will be re-educated on the campus guidelines for Evaluation and Service Plan.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The DHS or designee will audit 5 service plans to ensure they are complete, the</p>		

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	<p>Based on record review and interview, the facility failed to address services to be provided to 1 of 1 resident receiving an anticoagulant medication; have the service plan signed by 4 of 4 residents or a designated representative; or complete a service plan for 1 resident. This deficiency impacted 5 residents in a residential sample of 7 residents reviewed. [Residents #65, #91, #105, #109, and #152]</p> <p>Findings include:</p> <p>1. Record review for Resident #91 was done on 8/3/11 at 10:20 A.M. Diagnoses included, but were not limited to, gait instability, dementia and history of deep vein thrombosis.</p> <p>The physician orders recapitulation sheet</p>				<p>services being provided are addressed and that the service plan has been reviewed with the resident and / or responsible party and a signature is obtained on the service plan. This audit will occur 3 times per week times 4 weeks, then monthly times 5 months to ensure compliance. The results of the audits will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter.</p>		

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	<p>indicated the resident received Coumadin 2.5 mg. [milligrams] daily, ordered on 6/17/11.</p> <p>The current service plan had an initial date of 3/3/11, with revisions on 6/2/11 and 7/12/11. Services to be provided [i.e. monitoring for bleeding, preventative measures, etc.] were not listed.</p> <p>The resident was sent to the emergency room on 6/30/11 for a laceration on her head from a fall.</p> <p>In an interview during the daily conference on 8/4/11 at 2:45 P.M., the Director of Health Services indicated that bleeding precautions for a resident who is on Coumadin should be included in a service plan.</p> <p>2. Record review for Resident #65 was done on 8/1/11 at 1:15 P.M. Diagnoses included, but were not limited to, dementia, unsteady gait, and high blood pressure.</p> <p>The most recent service plan was dated 5/13/11. There was no resident or responsible part signature under the portion of the document titled "signature and date of service plan team (includes resident and/or responsible party)."</p>						

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	<p>In an interview on 8/4/11 at 2:45 P.M., the Administrator indicated there should be a signature from the resident or the family member on the service plan.</p> <p>3. Record review for Resident #105 was done on 8/2/11 at 1:50 P.M. Diagnoses included, but were not limited to, dementia, renal insufficiency and anemia.</p> <p>Service plans were dated 1/19/11, 4/17/11, and 7/8/11. There was no resident or responsible part signature under the portion of the document titled "signature and date of service plan team (includes resident and/or responsible party)" on any of the service plans.</p> <p>In an interview with the administrator on 8/4/11 at 2:45 P.M., he indicated that the resident or family member should sign the service plan.</p> <p>4. Record review for Resident #109 was done on 8/3/11 at 1:15 P.M. Diagnoses included, but were not limited to, dementia with depressions, and high blood pressure.</p> <p>The current service plan had an original date of 3/30/11 with a revision date of 7/8/11. There was no resident or responsible part signature under the portion of the document titled "signature</p>						

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	<p>and date of service plan team (includes resident and/or responsible party)."</p> <p>In an interview with the administrator on 8/4/11 at 2:45 P.M., he indicated that the resident or family member should sign the service plan.</p> <p>5. The closed clinical record for Resident #152 was reviewed on 8/4/11. Diagnoses included, but were not limited to, hypertension, paranoia, and tremors.</p> <p>A Service Plan was not located in Resident #152's clinical record.</p> <p>In an interview on 8/5/11 at 10:00 A.M., Trilogy Divisional Clinical Support Registered Nurse indicated she could not find a Service Plan in the resident's clinical record. She was aware a Service Plan needed to be completed for all residents.</p> <p>This deficiency was cited on 6/8/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						